

**Columbus Recreation and Parks Department  
Medical Waiver Form**

**IMPORTANT:** Bring this completed waiver form with you the first day of camp. If your child is attending more than one camp, please complete form and copy. Each camp will need a copy for emergency information.

**I. CAMPER INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Circle One: M F Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
Mother/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell /Pager: \_\_\_\_\_  
Father/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell /Pager: \_\_\_\_\_

**II. EMERGENCY CONTACT INFORMATION**

If parents or guardians are unable to be reached, contact:

Name: _____	Name: _____
Day Phone: _____	Day Phone: _____
Relationship to Camper: _____	Relationship to Camper: _____

**III. MEDICAL INFORMATION**

**Physician and/or Clinic**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Dentist and/or Dental Clinic**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please provide specific information for any medical conditions in which camp staff should be aware (allergies, activity restrictions, asthma, etc.)

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**Medication Policy:** Columbus Recreation and Parks Department staff shall not administer medication to participants of their programs. All medication taken by participant shall be self administered, and no participant on medication shall be registered in the program unless that person is capable of taking his/her own medications, or parent/guardian is available to administer the medication. Recreation staff may (1) Remind a participant to take medication (2) Assist participant by taking the medication from the locked storage area and hand it to the participant.

**Please identify type, dosage, and time for all medication participant is currently taking.**

**Medication:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_

**IV. PARTICIPANT/PARENT/GUARDIAN RELEASE**

\_\_\_\_\_ has my permission to participate in all activities offered during the camp. If attempts to contact me at the above listed phone #'s are unsuccessful. I authorize and give my consent for any emergency medical, surgical or dental treatment for my child (listed above) anywhere/anytime should it be deemed advisable by a qualified medical Doctor or Dentist, and the transportation of the child to the nearest hospital reasonably accessible. I understand this is to avoid undue delay and to assure prompt attention/treatment in an emergency. I authorize the City of Columbus to take all necessary steps to insure my child's health & safety in case of an emergency and to administer any needed medications. In case of accident or injury I will not hold the City of Columbus, or its employees responsible. I understand and assume all risks that may occur during my child's participation in these programs. I understand that should any injury occur to my child at this camp, I will be responsible for all medical treatment and other costs through my medical insurance policy and/or personal finances.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(parent or legal guardian)

Camper Name \_\_\_\_\_

**V. PARTICIPANT AUTHORIZED ESCORT LIST**

Please list all escorts who are authorized to pick up your child. Please be specific (first and last names) and escorts will be required to show identification. At no time will a child be permitted to leave with someone who is not on the escort list. Participants will not be allowed to leave for lunch.

Name	Phone Number	Relationship to camper
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		

**VI. Please refer to the camp's information letter regarding Program Rules, Drop Off and Pick Up Policies, and Penalty Fees.**  
**"I have read and understand the above mentioned rules and policies."**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**VII. PUBLIC RELATIONS**  
Please initial one of the following:

\_\_\_\_\_ I authorize the City of Columbus to use my child's photograph for public relations purposes.

**-or-**

\_\_\_\_\_ I **do not** authorize the City of Columbus to use my child's photograph for public relations purposes.

**VII. Vehicle Release Form**  
One of our activities here at Indian Village is to take the pontoon boat upstream to Hayden Falls where the campers can hike, creek and enjoy the scenery. In event that the pontoon boat will not start on their return we would need to transport your child from Hayden Falls back to Indian Village. Please sign below to allow us to transport your child in case this situation occurs. Thank you.

I, \_\_\_\_\_, permit my child, \_\_\_\_\_

to ride in a Columbus Recreation and Parks vehicle. In case of accident or injury I will not hold the City of Columbus, or its employees responsible. I understand and assume all risks that may occur during my child's participation.

\_\_\_\_\_  
Signature of guardian

\_\_\_\_\_  
Date